



VIRGINIA DEPARTMENT OF EDUCATION

SPEECH-LANGUAGE SEVERITY RATING SCALES

Severity rating scales are valuable tools for describing the child's speech-language impairment, communicating with eligibility and IEP team members, and assuring consistency among speech-language pathologists in the division. The presence of a severity rating on any of the four scales does not guarantee eligibility; rather, it describes the results of the speech-language assessment in consistent terms. The eligibility committee will consider the severity rating, in conjunction with other information, as it determines eligibility. Eligibility is based on (1) the presence of a speech-language impairment, (2) that has an adverse educational impact, and (3) that results in the need for special education (specialized instruction) and related services (services required for the student to benefit from special education). See the eligibility section of these guidelines for further information on eligibility.

Further, a particular severity rating does not specify or predict a certain level of service. The level of service is determined by the goals, objectives/benchmarks specified by the IEP team. See the IEP section of this manual for further information on IEP development and decision-making.

After indicating the severity rating in the columns, compare the rating score to the functional narrative. If the rating and overview do not match, consider the data used and select the functional narrative that best describes the student.

When completing ratings in multiple areas, complete all pages. Individual ratings are reviewed and functional narratives are selected to describe performance for each area. Service recommendations are based on the area with the most severe rating. Do not add or average separate rating scales to determine severity.

SEVERITY RATING SUMMARY SHEET

Name _____ DOB _____

Date Completed _____ Speech-Language Pathologist _____

Record points assigned for each factor considered in each area.

AREAS	FACTORS CONSIDERED				TOTAL POINTS	OVERALL FUNCTIONAL LEVEL
	A	B	C	D		
Articulation						
Language						
Voice						
Fluency						

Do not add or average separate rating scales to determine severity.
See individual severity rating scales for full description of factors considered and overall functional levels.

Overall Functional Level		
Level 0	0-3 points	No apparent problem
Level 1	4-6 points	Mild
Level 2	7-9 points	Moderate
Level 3	10-12 points	Severe

The presence of a severity rating on any of the four scales does not guarantee eligibility; rather, it describes the results of the speech-language assessment in consistent terms. The eligibility committee may consider the severity rating, in conjunction with other information, as it determines eligibility.

Eligibility is based on (1) the presence of a speech-language impairment,
(2) that has an adverse educational impact, and
(3) that results in the need for special education (specialized instruction) and related services (services to benefit from special education).

A particular severity rating does not specify or predict a certain level of service.

VOICE SEVERITY RATING SCALE

A voice impairment is defined as a pitch, loudness or quality condition that calls attention to itself rather than to what the speaker is saying.

Evaluation Data¹

The following measures are appropriate for use in determining the presence of a voice impairment:

1. speech sample
2. structured observation
3. classroom work results (e.g., oral presentations)
4. standardized tests
5. teacher report, interview, or checklist
6. child report, interview, or checklist
7. parent report, interview, or checklist

Note: Teacher, child, and parent reports, interviews, or checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: A comprehensive voice examination should include information obtained from both subjective measures (e.g., perceptual ratings and clinical impressions based on observations and analysis of speech samples) and objective measures (e.g., standardized tests or instrument evaluations). Observations should take place in situations calling for both low and high vocal demand:

- low vocal demand: utterances produced in a relatively quiet environment or short responses that do not require talking over a prolonged period of time.
- high vocal demand: talking in a noisy environment (e.g., in the cafeteria), for a prolonged period of time (e.g., oral presentation or reading aloud), or controlling the voice over a wide pitch range (e.g., singing).

NOTE: Before a child may be found eligible for services for a voice impairment, the child should receive a medical examination from an otolaryngologist (i.e., ear, nose and throat physician), clearing the child for intervention. This is important to ensure the source of the voice impairment is not an organic problem for which therapy is contraindicated. See the Voice Referral Form in Appendix F.

Overall Functional Level

The speech-language pathologist should complete the attached rating scale first, adding the points assigned to each factor. Then the total points should be applied to the Voice Severity Rating Scale Overall Functional Level to determine an overall severity rating.

¹ Adapted from Connecticut State Department of Education. (1999). Guidelines for Speech and Language Programs. Vol. II: Determining Eligibility for Special Education Speech and Language Services.

VOICE IMPAIRMENT REFERRAL FORM

TERMINOLOGY

The following terminology is used on voice referral form.

Abusive Vocal Behaviors – activities such as frequent “throat clearing” or shouting (e.g., cheerleading)

Breathing Pattern – the general contributions of the thoracic, clavicular, and abdominal areas involved in breathing during conversational speech. Look for reliance upon one pattern to the exclusion of the others.

Glottal Attack – the relative (soft vs. hard) onset of vocal fold activity.

Loudness Level - the estimated level of the student’s speech during normal conversation in a quiet environment. Persistent whispering or shouting would be positive indications.

Maximum Phonation Time - averaged over three different trials, the maximum amount of time (in seconds) that the student can continuously sustain /a/ (or /i/) on one exhalation.

Muscle Tension –the amount of tension visible in the student’s face, neck, and chest areas during normal conversation. Abnormal tension suggested by a stiff posture and/or accompanying strain.

Nasal Resonance - the amount of perceived resonance associated with the production of nasal consonants. An inappropriate degree of hypo – hyper nasality perceived during conversation would be a positive indication. Note: mixed nasal resonance (i.e., both hypo – and hypernasal resonance perceived within the same speaker) may occur.

Oral Resonance – the perceived amount of resonance associated with oral consonants and vowels. Positive indications might include speaking with limited oral openings and reduced intelligibility.

Phonation Breaks – the inappropriate cessation of voicing during speech. A positive indication would be an unintentional and relatively brief period of silence during a normally voiced consonant or a vowel.

Pitch – consider if the vocal pitch is too high, too low, or monotonic for a student’s height/weight, age and gender

Pitch Breaks – the cessation of a continuous and appropriate pitch level during speech.

Quality – the overall quality of the student’s conversational speech including hoarseness, breathiness, and/or harshness.

s/z ratio – the ratio of the maximum sustained production of /s:/ (in seconds) relative to /z:/ (in seconds). Two trials with the longer production of each sound used to computer the ratio. A ratio greater than 1.4 is an indication of possible laryngeal inefficiency for speech. Report data to the nearest single decimal place.

VOICE RATING SCALE

OVERALL FUNCTIONAL LEVEL

Level 0 (0 – 3 points) No apparent problem	The student's voice consistently sounds normal and does not call attention to itself. The student's ability to participate in educational activities requiring low or high vocal demands is not limited by his/her voice. The student self-monitors vocal production as needed.
Level 1 (4 – 6 points) Mild	The student's voice occasionally sounds normal and is usually distracting to the listener. There is some situational variation. The student's ability to participate in educational activities requiring voice is rarely limited in low vocal demand activities, but occasionally limited in activities with high vocal demand. The student occasionally self-monitors.
Level 2 (7 – 9 points) Moderate	The student's voice is occasionally functional for communication but is consistently distracting to the listener. The student's ability to participate in educational activities requiring voice is usually limited to low vocal demand activities, but consistently limited in high vocal demand activities.
Level 3 (10 – 12 points) Severe	The student's voice is persistently abnormal. He/she may not be able to use his/her voice to communicate.

VOICE SEVERITY RATING SCALE

Factors		No Apparent Problem (0 pts)	Mild (1 pt)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Voice Quality (hoarse, breathy, no voice)	Normal voice quality	Inconsistent problems; noticeable to the trained listener.	Consistent problems in conversational speech. Noticeable to all listeners.	Persistent problem. Noticeable at all times.	
B	Resonance (hypernasal or hyponasal)	Normal resonance	Inconsistent problems; noticeable to the trained listener.	Consistent problems. Inappropriate for age, gender or culture. Noticeable to all listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.	
C	Loudness (judged for appropriateness and variability)	Normal loudness	Inconsistent problems; noticeable to the trained listener.	Consistent problems. Inappropriate for age, gender or culture. Noticeable to all listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.	
D	Pitch (judged for appropriateness for age and gender, and for appropriate variability)	Normal pitch.	Inconsistent problems; noticeable to the trained listener.	Consistent problems. Inappropriate for age, gender or culture. Noticeable to all listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.	
					TOTAL POINTS	